



COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 437
LOS ANGELES, CALIFORNIA 90012



MARK J. SALADINO

TREASURER AND TAX COLLECTOR

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March 29, 2007

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT (ALL DISTRICTS AFFECTED – 3 VOTES)

IT IS RECOMMENDED THAT YOUR BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

Account Number 11092360 in amount of \$8,260
Account Number 10817488 in amount of \$43,624
Account Number 11260090 in amount of \$7,068.33
Account Number 11102528 in amount of \$48,456.26
Account Number 11182452 in amount of \$8,333
Account Number 11025986 in amount of \$11,555.85

JUSTIFICATION:

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs.

IMPLEMENTATION OF STRATEGIC PLAN GOALS:

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Responsibility in pursuing collection of charges owed for County services.

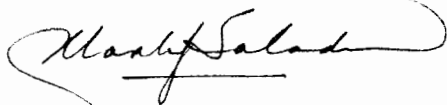
FISCAL IMPACT:

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

PURPOSE OF RECOMMENDED ACTION:

The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

Respectfully submitted,



MARK J. SALADINO
Treasurer and Tax Collector

MJS:SFJ:ts

X:Comp.91

Attachments

c: Chief Administrative Officer
County Counsel

APPROVED
RAYMOND G. FORTNER, JR.
County Counsel

by


Deputy County Counsel

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 91B
DATE: March 29, 2007

Amount of Aid	\$87,248.00	Account Number	10817488
Amount Paid	0.00	Name	Adult Male
Balance Due	87,248.00	Service Date	01/03/04 thru 03/19/04
Compromise Amount Offered	43,624.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$43,624.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$87,248.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$162,500.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 54,166.67	\$ 54,166.67	33.33%
Attorney Cost	3,407.55	3,407.55	2.10%
Robert Galloni, M.D.	3,491.67	2,491.67	1.53%
Daniel A. Capen, M.D.	3,475.00	2,475.00	1.52%
Charles L. Herring, M.D.	4,642.23	3,642.23	2.24%
Stephan Physical Therapy	6,928.00	4,928.00	3.04%
VQ Orthocare	2,075.00	1,075.00	0.66%
Pacific Hospital of Long Beach	3,350.00	2,350.00	1.45%
Orthopedic Sports & Spine Medical	4,985.00	2,885.00	1.77%
California Pharmacy Management	739.88	539.88	0.33%
County of Los Angeles	87,248.00	43,624.00	26.85%
Net to Client	N/A	40,915.00	25.18%
Total	\$174,509.00	\$162,500.00	100.00%

Our financial investigation reveals that the client is unemployed and receives support from his parents. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 91A
DATE: March 29, 2007

Amount of Aid	\$27,038.00	Account Number	11092360
Amount Paid	0.00	Name	Adult Female
Balance Due	27,038.00	Service Date	10/17/05 thru 01/26/06
Compromise Amount Offered	8,260.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$18,778.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at Harbor UCLA Medical Center at a cost of \$27,038.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$30,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 9,000.00	\$ 9,000.00	30.00%
Attorney Cost	215.95	215.95	0.72%
BPK Rehabilitation	3,247.00	1,014.81	3.38%
Los Angeles City Fire Department	528.00	528.00	1.76%
Torrance Memorial Hospital	698.89	621.24	2.07%
UCLA Medical	750.00	360.00	1.20%
County of Los Angeles	27,038.00	8,260.00	27.54%
Net to Client	N/A	10,000.00	33.33%
Total	\$41,477.84	\$30,000.00	100.00%

Our financial investigation reveals that the client is unemployed and receives support from her spouse. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 91C
DATE: March 29, 2007

Amount of Aid	\$45,474.00	Account Number	11260090
Amount Paid	0.00	Name	Adult Female
Balance Due	45,474.00	Service Date	07/01/06 to 09/15/06
Compromise Amount Offered	7,068.33	Facility	LAC USC Medical Center
Amount to be Written Off	\$38,405.67	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$45,474.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$25,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 8,333.33	\$ 8,333.33	33.33%
Los Angeles City Fire Department	608.75	156.26	0.63%
Northridge Hospital	7,527.50	1,932.25	7.73%
County of Los Angeles	45,474.00	7,068.33	28.27%
Net to Client	N/A	7,509.83	30.04%
Total	\$61,943.58	\$25,000.00	100.00%

Our financial investigation reveals that the client is an unemployed student and is supported by her parents. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 91D
DATE: March 29, 2007

Amount of Aid	\$117,076.00	Account Number	11102528
Amount Paid	0.00	Name	Adult Male
Balance Due	117,076.00	Service Date	02/12/06 thru 02/16/06
Compromise Amount Offered	48,456.26	Facility	LAC USC Medical Center
Amount to be Written Off	\$ 68,619.74	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$117,076.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$150,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 48,456.26	\$ 48,456.26	32.31%
Attorney Cost	4,631.20	4,631.20	3.07%
County of Los Angeles	117,076.00	48,456.26	32.31%
Net to Client	N/A	48,456.28	32.31%
Total	\$170,163.46	\$150,000.00	100.00%

Our financial investigation reveals that the client is employed and supports himself with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 91E
DATE: March 29, 2007

Amount of Aid	\$86,748.00	Account Number	11182452
Amount Paid	0.00	Name	Adult Male
Balance Due	86,748.00	Service Date	03/31/06 thru 05/08/06
Compromise Amount Offered	8,333.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$78,415.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$86,748.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$25,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 8,333.00	\$ 8,333.00	33.33%
County of Los Angeles	86,748.00	8,333.00	33.33%
Net to Client	N/A	8,334.00	33.34%
Total	\$95,081.00	\$25,000.00	100.00%

Our financial investigation reveals that the client supports himself and his family with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 91F
DATE: March 29, 2007

Amount of Aid	\$64,520.00	Account Number	11025986
Amount Paid	0.00	Name	Adult Male
Balance Due	64,520.00	Service Date	05/28/05 thru 09/07/05
Compromise Amount Offered	11,555.85	Facility	LAC USC Medical Center
Amount to be Written Off	\$52,964.15	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was injured in an assault. He was treated at LAC USC Medical Center at a cost of \$64,520.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$40,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$16,000.00	\$16,000.00	40.00%
Attorney Cost	3,744.44	3,744.44	9.36%
Eastside Healthbill	2,958.00	2,958.00	7.39%
County of Los Angeles	64,520.00	11,555.85	28.90%
Net to Client	N/A	5,741.71	14.35%
Total	\$87,222.44	\$40,000.00	100.00%

Our financial investigation reveals that the client is unemployed and lives with his significant other. He has no other source of income or tangible assets.